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7590

11/04/2004

Platon N Mandros  
 BURNS, DOANE, SWECKER & MATHIS, L.L.P.  
 P.O. Box 1404  
 Alexandria, VA 22313-1404



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02/07/2005 MBEYENE2 00000061 10051244

01 FC:1501 1400.00 OP  
 02 FC:1504 300.00 OP  
 03 FC:8001 6.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/051,244	01/22/2002	Taisuke Akahori	018987-036	7996

TITLE OF INVENTION: IMAGE PROCESSING APPARATUS, IMAGE FORMING APPARATUS, AND IMAGE PROCESSING METHOD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	<del>\$1370</del> 1400	\$300	<del>\$1670</del> 1700	02/04/2005
EXAMINER		ART UNIT	CLASS-SUBCLASS		
PATEL, KANJIBHAI B		2625	382-260000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. BURNS, DOANE, SWECKER  
 2. & MATHIS, L.L.P.  
 3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

MINOLTA CO., LTD.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

CHUO-KU, OSAKA-SHI, OSAKA, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-4800 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature William C Rowland, RN 30889, forDate 2-3-05Typed or printed name Platon N. MandrosRegistration No. 22,124

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